

## FEVER CONTROL

A fever is a temperature over 38° C or 100.4° F. It is a part of our body's normal response to a viral or bacterial infection. By itself, a fever is not harmful until it reaches at least 106° F. Studies suggest favorable effects of fever, such as shortening the course of an illness. Therefore, lowering a fever may not be beneficial. High fevers can cause lethargy, irritability, decreased appetite and sleepiness, and can make it difficult to assess exactly how ill a child may be. In this case, we do suggest using medication to lower the fever and make your child more comfortable. On the other hand, if your child is relatively comfortable even though running a fever, a reduction of his/her temperature may not be advisable.

**NOTE:** Do not confuse drops and liquid, as the concentrations are different (only use the supplied dropper for the drops, not for any other medications).

Do not awaken your child for medication unless instructed. These medications relieve a fever or discomfort and have no effect on treating the cause of the illness.

It is important to keep these medications in a safe place to prevent over dosage.

### TREATMENT:

1. Keep your child minimally covered.
2. Encourage extra clear fluids.
3. Keep the room temperature 70 degrees or lower.
4. Use fever medications if needed for comfort or fever over 103°.
  - a. **Acetaminophen:** Examples include Tylenol and Tempra. You can repeat a dose every 4-6 hours. If vomiting is a problem, rectal suppositories (Feverall) are available in dosages of 80, 120, and 325 mg.
  - b. **Ibuprofen:** Examples include Motrin and Advil. You can repeat a dose every 6-8 hours. Not approved for use in infants under 6 months.



### CALL THE OFFICE IF:

- Your baby is under 3 months of age with any fever (unless due to shots).
- The fever goes above 105° F, or will not return below 103.5° F with treatment.
- The fever lasts more than three days.
- Symptoms such as convulsions, stiff neck, raised soft spot, purple rash, difficulty breathing, or burning on urination occur.
- Your child develops any symptoms that concern you.

### DOSING CHART

| ACETAMINOPHEN (Revision 12/16)                                         |                |                   |                     |                    |                    |           |           |                                  | OVER 72 LBS – CONSULT PACKAGE |
|------------------------------------------------------------------------|----------------|-------------------|---------------------|--------------------|--------------------|-----------|-----------|----------------------------------|-------------------------------|
| Do not exceed 5 doses in 24 hours                                      | May Give Every | 6-11 lbs          | 12-17 lbs           | 18-23 lbs          | 24-35 lbs          | 36-47 lbs | 48-59 lbs | 60-72 lbs                        |                               |
| <b>INFANT CONCENTRATION</b><br>(Suspension) Check Bottle!<br>160mg/5ml | 4 - 6 hours    | 1.25 ml           | 2.5 ml<br>1/2 tsp   | 3.75 ml<br>3/4 tsp | 5 ml<br>1 tsp      | 1-1/2 tsp | 2 tsp     | 2-1/2 tsp<br>(3 tsp over 72 lbs) |                               |
| Chewable or Meltaway Junior - 160 mg                                   | 4 - 6 hours    | <b>Do Not Use</b> | <b>Do Not Use</b>   | <b>Do Not Use</b>  | 1 tab              | 1-1/2 tab | 2 tab     | 2-1/2 tabs                       |                               |
| Chewable or Meltaway - 80 mg tablets                                   | 4 - 6 hours    | <b>Do Not Use</b> | <b>Do Not Use</b>   | <b>Do Not Use</b>  | 2 tab              | 3 tab     | 4 tab     | 5 tab<br>(6 tab over 72 lbs)     |                               |
| Suppository 120 mg                                                     | 4 - 6 hours    | <b>Do Not Use</b> | <b>Do Not Use</b>   | 1 supp             | 1-1/2 supp         | 2 supp    |           |                                  |                               |
| Suppository 325 mg                                                     | 4 - 6 hours    | <b>Do Not Use</b> | <b>Do Not Use</b>   | <b>Do Not Use</b>  | 1/2 supp           | 3/4 supp  | 1 supp    |                                  |                               |
| Suppository 80 mg                                                      | 4 - 6 hours    | <b>Do Not Use</b> | 1 supp              | 1-1/2 supp         | 2 supp             |           |           |                                  |                               |
| IBUPROFEN - Age 6 months or older                                      |                |                   |                     |                    |                    |           |           |                                  |                               |
| WEIGHT                                                                 |                | 6-11 lbs          | 12-17 lbs           | 18-23 lbs          | 24-36 lbs          | 36-47 lbs | 48-59 lbs | 60-71 lbs                        |                               |
| DROPS 100 mg/2.5 ml                                                    | Every 6 hours  | <b>Do Not Use</b> | 1.25 ml or<br>¼ tsp | 1.875 ml           | 2.5 ml or<br>½ tsp |           |           |                                  |                               |
| Suspension 100 mg/5 ml (tsp)                                           | Every 6 hours  | <b>Do Not Use</b> | ½ tsp               | ¾ tsp              | 1 tsp              | 1 ½ tsp   | 2 tsp     | 2 ½ tsp                          |                               |
| Junior Strength 100 mg                                                 | Every 6 hours  | <b>Do Not Use</b> |                     |                    |                    |           | 2 tablets | 2 tablets                        |                               |
| Regular Strength 200 mg/tab                                            | Every 6 hours  | <b>Do Not Use</b> |                     |                    |                    |           | 1 tablet  | 1 tablet                         |                               |

# FEVER PHOBIA: UNDERSTANDING THE MYTHS

Misconceptions about the dangers of fever are commonplace. Unwarranted fears about harmful side effects from fever cause lost sleep and unnecessary stress for many parents. Let the following facts help you put fever into perspective.

**MYTH:** All fevers are bad for children.

**FACT:** Fevers turn on the body's immune system. Fevers are one of the body's protective mechanisms. Most fevers are good for children and help the body fight infection. Use the following definitions to help put your child's level of fever into perspective:

|                                    |                                                                       |
|------------------------------------|-----------------------------------------------------------------------|
| 100° – 102° F<br>(37.8° - 38.9° C) | Low-grade fevers are beneficial. Try to keep the fever in this range. |
| 102° – 104° F<br>(38.9° - 40° C)   | Moderate-grade fevers are beneficial.                                 |
| > 104° F<br>(> 40° C)              | High fevers cause discomfort, but are harmless.                       |
| > 105° F<br>(> 40.6° C)            | Higher risk of bacterial infections with a very high fever.           |
| > 108° F<br>(> 42.2° C)            | The fever itself can be harmful                                       |



**MYTH:** Fevers cause brain damage, and fevers over 104° F (40° C) are dangerous.

**FACT:** Fevers with infections don't cause brain damage. Only body temperatures over 108° F (42.2° C) can cause brain damage. Body temperature only goes this high with high environmental temperatures (e.g. confined in a closed car).



**MYTH:** Anyone can have a febrile seizure.

**FACT:** Only 4% of children ever have a febrile seizure



**MYTH:** Febrile seizures are harmful.

**FACT:** Febrile seizures are scary to watch, but they usually stop within five minutes. They cause no permanent harm. Children with febrile seizures have no higher incidence of developmental delays, learning disabilities, or seizures without fever.



**MYTH:** All fevers need to be treated with fever medicine.

**FACT:** Fevers only need to be treated if they cause discomfort - usually fevers over 102° or 103° F (38.9° or 39.5° C).



**MYTH:** Without treatment, fevers will keep going higher.

**FACT:** Fevers from infection top out at 105° or 106° F (40.6° or 41.1° C) or lower because of the brain's thermostat.



**MYTH:** With treatment, fevers should come down to normal.

**FACT:** With treatment, fevers should come down 2° or 3° F (1° – 1.5° C).



**MYTH:** If the fever doesn't come down (if you can't "break the fever"), the cause is serious.

**FACT:** Fevers that don't respond to fever medicine can be caused by viruses or bacteria. It doesn't relate to the seriousness of the infection.



**MYTH:** If the fever is high, the cause is serious.

**FACT:** If your child looks sick, the cause is serious.



**MYTH:** The exact number of the temperature is very important.

**FACT:** How your child looks is what's important.



**MYTH:** Temperatures between 98.6° and 100° F (37.0° and 37.8° C) are low-grade fevers.

**FACT:** The normal temperature changes throughout the day and peaks in the late afternoon and evening.

- A reading of 99.4° F (37.5° C) is just the average rectal temperature. It normally can change from 98.4° F (36.9° C) in the morning to a high of 100.3° F (38.0° C) in the late afternoon.
- A reading of 98.6° F (37° C) is just the average oral temperature. It normally can change from a low of 97.6° F (36.5° C) in the morning to a high of 99.5° F (37.5° F) in the late afternoon.